2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000009879

1. Entity Name
GABLES IB PARENT ORGANIZATION, INC.

FILED
07 SEP 14 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09062007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
4605 SW 12TH STREET MIAMI, FL 33134	4605 SW 12TH STREET MIAMI, FL 33134

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9925 SW 35th TERRACE	9925 SW 35th TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33165-3929 Country: USA	Zip: 33165-3929 Country: USA

4. FEI Number: 20-0766512 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORGAZ, DIANA PRES 4605 SW 12TH STREET MIAMI, FL 33134	Name: ELIZABETH ORDONEZ Street Address (P.O. Box Number is Not Acceptable): 9925 SW 35th TERRACE City: MIAMI FL Zip Code: 33165-3929

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

400109723504
09/20/07--01088--021 **70.00

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when consenting) DATE

Amended AR is $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP NAME: ORGAZ, DIANA PRES STREET ADDRESS: 4605 SW 12TH STREET CITY-ST-ZIP: MIAMI, FL 33134	☑ Delete	TITLE: DP NAME: ELIZABETH ORDONEZ STREET ADDRESS: 9925 SW 35 TER CITY-ST-ZIP: MIAMI, FL 33165-3929	☑ Change ☐ Addition
TITLE: DT NAME: DIAZ, FLORENTINO TREAS STREET ADDRESS: 4675 SW 13TH TERR. CITY-ST-ZIP: MIAMI, FL 33134	☑ Delete	TITLE: DT-CO NAME: CLAIRE GEORGATOS STREET ADDRESS: 1112 CORDOVA ST CITY-ST-ZIP: Coral Gables, FL 33134	☑ Change ☐ Addition
TITLE: ~~DS~~ DVP Membership NAME: MITCHELL, MARIA STREET ADDRESS: 830 BLUEBIRD AVE CITY-ST-ZIP: MIAMI, FL 33166	☐ Delete	TITLE: DT-CO NAME: CAROL CRESPO STREET ADDRESS: 444 Catalonia Ave CITY-ST-ZIP: Coral Gables, FL 33134	☐ Change ☑ Addition
TITLE: DCS NAME: MORENO, MARIA A C SEC. STREET ADDRESS: 10853 NW 53RD LANE CITY-ST-ZIP: DORAL, FL 33178	☐ Delete	TITLE: DVP NAME: JORGE CRESPO STREET ADDRESS: 444 CATALONIA AVE CITY-ST-ZIP: Coral Gables, FL 33134	☐ Change ☑ Addition
TITLE: DVP NAME: ORDONEZ, EBET STREET ADDRESS: 9925 SW 35 TERRACE CITY-ST-ZIP: MIAMI, FL 33165	☑ Delete	TITLE: DVP NAME: ANNA GROHOSKI STREET ADDRESS: 409 Lafayette DRIVE CITY-ST-ZIP: Miami Springs, F 33101	☑ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: DRS NAME: ELIZABETH STONE STREET ADDRESS: 425 Cadagua Ave CITY-ST-ZIP: Coral Gables, FL 33146	☐ Change ☑ Addition

9/14

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Ordonez ELIZABETH ORDONEZ 9-6-07 305-447-7848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #